

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name TACO BELL NO. 33583	Telephone Number Est 812-748-2248 Own (812) 945-9810	Date of Inspection 09/18/2020	ID#
Address 100 DAISY SUMMIT DR, NEW ALBANY IN 47150	Purpose <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 09/28/2020
Owner C.M. SMITH RESTAURANTS, INC/ CLINTON SMITH		Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
Owner's Address 5140 CHARLESTOWN RD., SUITE 4 NEW ALBANY, IN 47150-			
Person in Charge CLINT SMITH			
Responsible Person's Email RS033583@TACOBELL.COM			
Certified Food Handler DANA SHEPARD			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected

Summary of Violations C NC R

Received by (name and title printed):	Inspected by (name and title printed): Thomas Snider EHS	
Received by (signature):	Inspected by (signature): <i>Thomas Snider</i>	
cc:	cc:	cc: